

NORTH KITSAP FIRE & RESCUE

Application

Position Applied For:		Date of Application:	
Name Of Applicant (First, Middle, Last):			
Mailing Address:		Physical Address:	
Home Phone Number:		Message/Cell Phone Number:	
How long have you lived at your present address?		E-mail address	
Social Security Number:*		Birth date:*	US Citizen Y or N *
Driver's License Number:*		State:	Expiration Date:
Persons To Contact In Case Of Emergency:			
Name:		Relationship:	
Address:		Phone Number:	
Name:		Relationship:	
Address:		Phone Number:	
Name Of Personal Physician:		Phone Number:	
How did you learn about this position? Please explain:			
Identify any special specific training you have for the Position. (Attach additional sheets if necessary)			

* Under Federal Law, an individual is not required to fill out this information prior to acceptance, it can only be provided on a voluntary basis until the time of acceptance. This information is requested only to expedite the application process. (If information provided please initial here _____)

PAST WORK EXPERIENCE

Paid	Volunteer	May we contact this employer?			
		Yes	No	Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business		Phone Number	
To (Mo. & Year)	Address	City		State & Zip	
Your Most Recent Position:					
Primary Duties:					
Name & Title of Immediate Supervisor:					
Reason For Leaving or Considering Change:					

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Name & Title of Immediate Supervisor:					
Reason For Leaving or Considering Change:					

	High School	College/University	Graduate or Professional
School name			
Degree/diploma			
Course of study			
Describe any specialized training, skills, licenses, or certifications			

If not a high school graduate, do you have a certificate of equivalence? (GED)	Yes	No
If yes, date received certificate _____		

Indicate any foreign languages you speak, read, and/or write:
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MILITARY RECORD (Have you ever been in the Armed Forces?) If so please answer the following:				
Your current military status?	Active	Retired	Reserve	National Guard
Branch of service?	Highest rank attained?			
Type of discharge:	Date and location of discharge:			
List any disciplinary action taken against you while in the military:				

REFERENCES: Please provide names of three persons other than former employers and relatives who have known you for at least three (3) years and who have knowledge of your character, experience, and abilities.	
Name:	Number of years person has known you:
Address:	Phone number:
Name:	Number of years person has known you:
Address:	Phone number:
Name:	Number of years person has known you:
Address:	Phone number:

Additional Comments you may want to make:

"I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal.

I understand that neither the acceptance of this application by the District nor any statements contained in any material distributed by the District, nor any statements made by representatives of the District confer or create any contractual rights of employment."

Signature of Applicant:

Date:

DO NOT WRITE BELOW THIS LINE

Date of initial contact:	Date of Initial screening:
Date scheduled for recruit academy:	Date processed by office:
Effective _____, this applicant has successfully completed the application process.	
Chief Officer's Signature:	Date:

Date Left Department:
Reason For Leaving:
Comments:

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish North Kitsap Fire & Rescue with any and all information that you have concerning me in regards to my work record, reputation, medical records, psychological testing analysis and recommendation, military service records, financial status, and any criminal history. Information of a confidential or privileged nature may be included.

Your reply will be used to assist the Fire Department in determining my qualifications and fitness for the position I am seeking with the Department. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that the information will be used by the Department in conjunction with application screening procedures.

I hereby release you, your organization, and others from any liability or damage that may result from furnishing the information requested.

This authorization expires six months from the applicants date of signature

You are required to sign this waiver form in the presence of a notary public to receive their signature and seal

Applicant's printed name

Applicant's Signature

Date

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public in and for the State of Washington

My appointment expires: _____

